Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12/4/2010</u>	Address:	205 <u>6 U.S. 6</u>
Case #:	22F46745		WATERLOO, IN.
County;	<u>DEKALB</u>		<u>46793</u>
Type of Laboratory Scizure (check one)		Scizure Location (check all that apply)	
Operation Chemie Dumpsi	al/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open · No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): OPEN			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Mctal (Lithium):			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
☐ Yes 0 (☐ No	r age 18 discovered (check one) [number present] port to Child Protective Services	☐ Ephedring ☐ Retail/Mo	e Information c/Pscudoephedrine Tracking Log crehant Tip kalb County Sheriff's
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	ment: CORUNNA FD	Fax: <u>1</u> ;-M <u>∧</u>	ILED
Health Department: DEKALB CO		Fax: <u>E-MA</u> Fax:	
Child Protection Service:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: ANDREW SMITH Phone 260-432-8661			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.